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ALL MEASSEE, FLORIDA

COVER LETTER

	gistration So ision of Cor				
CHD ITCT.	AMR Paint	Aluminum & Screen LLC			
SUBJECT:		Name of Lim	ited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ondence concerning this matter	to the following:		
		Adrian Merino			
			Name of Person		
		AMR Paint Aluminum & S	Screen LLC		
			Firm/Company		
		1010 NW 31st PL			
			Address		
		Cape Coral, FL 33993			
			City/State and Zip Code		
		adrianmerino89@icloud.coi			
For further in	iformation c	E-mail address. (oncerning this matter, please c	to be used for future annual report not	(ification)	
		vice in a mile. preuse es			
Adrian Meri			941 961-2452 at ()	ne Telephone Number	
	Name o	f Person	Area Code Daytir	me Telephone Number	
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
	ling Addres		<u>Street Address:</u> Registration Sc	ection	
Division of Corporations			Division of Co	Division of Corporations	
), Box 632 Iahassee, I		The Centre of 2415 N. Monro	Tallahassee be Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMR Paint Aluminum & Screen LLC		
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our recorded Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Compa $\frac{1.24000136836}{}$.	ny were filed on 03/20/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>		HAY -1 THE IS ON
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	e address on our records, <u>enter</u>	the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	- -
	PI.	
	, F10	orida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Adrian Merino	1010 NW 31st Pl. Cape Coral FL 33993	
			□Remove
			□Change
			🗆 Add
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	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
he reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	4/15/2024
	Admante
	Signature of a member or authorized representative of a member